

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4717AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2008
NAME OF PROVIDER OR SUPPLIER DESERT WILLOW RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9190 WEST ROCHELLE AVE LAS VEGAS, NV 89147		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 10/17/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 4 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 4 beds</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with mental retardation, and /or persons with mental illness, and/or persons with chronic illnesses.</p> <p>The census at the time of the survey was 2. Two resident files were reviewed and 2 employee files were reviewed.</p> <p>There was 1 complaint investigated during the survey. CPT #NV19609 Substantiated (Tag Y106 and Y0405)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p>2/2/09 Acceptable POE <i>Anna L. Seeger</i></p>	

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Gary Delcher</i>	Administrator	1/9/2009

STATE FORM 6899 LV4711 If continuation sheet 1 of 24

Attachment # 1

Tag 070

- a. Employee # 1 and # 2 are scheduled for Mental Illness course (8 CEUs).
Also Employee # 1 and # 2 are scheduled for Dementia course. (8 CEUs).
Employee # 4 is terminated.
- b. Training records will be evaluated semi-annually to assure compliance.
Employee #2 will monitor the correction.
- c. Mental Illness course: 2/18/09 and 2/19/09.
Dementia course 3/17/09 and 3/18/09.

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Attachment # 3

Tag Y 088

- a. The facility corrected the deficiency by creating and displaying an appropriate staff schedule.
- b. The facility will survey the staff schedule monthly to ensure compliance. Employee # 2 will monitor the correction.
- c. 10/20/08.

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Attachment # 4

Tag Y 101

- a. When the required hiring process was initiated, both Employee # 3 and # 4 were unable to produced the required documentation for employment. As a result, both Employee # 3 and # 4 were terminated.
- b. The facility will perform the necessary employment procedures to ensure that compliance is maintained. The facility will ensure that all appropriate documentation is received and maintained for all employees. Emplyee # 2 will monitor the correction.
- c. 11/5/08.

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Attachment # 5

Tag Y 103

- a. All facility employees and residents have the necessary TB tests and associated medical exam documentation.
- b. Records will be checked monthly to assure all medical records are current within compliance rules. Employee # 2 will monitor this action.
- c. 11/10/08.

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Attachment # 6

Tag Y 104

- a. To correct this deficiency, both Employee # 3 and # 4 have been terminated.
- b. Each new employee will be required to follow the hiring process. All employee files will be re-reviewed quarterly for compliance. Employee # 2 will monitor compliance.
- c. 11/5/08.

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Attachment # 7

Tag Y 105

- a. Employee # 3 and # 4 were unable to supply the required documentation, each were terminated.
- b. The facility requires all necessary documentation for employment including a signed statement indicating that each employee has not been convicted of any crimes, and all necessary fingerprint documentation that will be sent and processed from the Nevada repository. Employee # 2 will verify all necessary documentation is collected and filed.
- c. 10/22/08.

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Attachment # 8

Tag Y 106

- a. Employee # 2 will receive certification for First Aid. Employee # 3 has been terminated.
- b. The facility will check all employee files semi-annually to assure all CPR and First-Aid requirements are met. Employee # 2 will monitor these records.
- c. Employee # 2 is scheduled for First-Aid training on 1/16/09 with CPR Connections.

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Attachment # 9

Tag Y 434

- a. An irregular drill schedule was developed for the facility for emergencies monthly. (That is, at least one emergency drill occurs during each calendar month).
- b. Monthly emergency drills are performed at the facility. Records will be monitored monthly and dates will be assigned for monthly drills.
- c. 10/20/08

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Attachment # 10

Tag Y 444

- a. A smoke detector log was created for the facility in order to facilitate monthly smoke detector testing.
- b. The first day of the month is noted as the smoke detector testing day. The facility will log the date time of the smoke detector test monthly. Employee # 1 is assigned to test the smoke detectors.
- c. 11/1/08

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Attachment # 11

Tag Y 450

- a. Employee # 3 was terminated.
- b. All employees must produce documentation of First-Aid and CPR training.
First-Aid and CPR documentation must be produced prior to employment.
Employee # 2 will monitor the correction.
- c. 11/5/08

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NV 89101

Attachment # 12

Tag Y 870

- a. A medication profile review was performed for Resident # 1 in October, 2008. Resident # 2 is scheduled for a medication profile review in January, 2009.
- b. A quarterly review of medication profile review documentation will be performed. Employee # 2 is assigned to monitor the correction.
- c. Resident # 1, 10/20/08
Resident # 2, 01/09

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Attachment # 13

Tag Y 876

- a. Resident # 2 is administered medication according to his doctor's orders, and is reflected in the Medication Administration Record (MAR). Resident # 2's blood pressure is taken and recorded regularly.
- b. Resident # 2's doctor's orders and MAR will be reviewed monthly to assure compliance. Employee # 2 will monitor the correction.
- c. 10/27/08

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Attachment # 14

Tag Y 878

- a. The 650mg Tylenol was replaced with 500mg tablets.
- b. Doctor orders and dosages are re-evaluated monthly. Employee # 2 will monitor the correction.
- c. 11/08/08.

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Attachment # 15

Tag Y 899

- a. Employee # 3 was terminated.
- b. The facility will assure all MAR signatures will occur according to compliance rules. MAR records will be evaluated monthly for accuracy. Employee # 2 will monitor the correction.
- c. 11/1/08

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Attachment # 16

Tag Y 911

- a. Resident # 2 is receiving the correct dosage for all prescribed medications.
- b. MAR records are maintained and reviewed monthly for accuracy. Employee # 2 will monitor the correction.
- c. 11/8/08.

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Attachment # 17

Tag Y 922

- a. All medications whether over-the-counter or prescription medication are labeled with the resident's name and prescribing physician.
- b. All medications will be evaluated monthly to assure appropriate labeling is visible and accurate. Employee # 2 will monitor the correction.
- c. 11/1/08

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133 VERMONT ST. N.
SOUTH BEND, IN 46601

Attachment # 18

Tag Y 936

- a. All residents have the appropriate documentation reflecting either TB testing or Chest X-Rays.
- b. TB records are checked semi-annually for to assure all employees and residents have the necessary TB Test documentation on file. Employee # 2 will monitor this correction.
- c. 12/1/08

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